

16711 U.S. PTO
021104



February 3, 2004

Business Group
Diagnostics

Bayer Corporation
1884 Miles Avenue
P.O. Box 70
Elkhart, IN 46515-0070

Mail Stop - PATENT APPLICATION
Hon. Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-145-

PATENT

22141 U.S. PTO
10/776109
021104

RE: Application for U.S. Letters Patent covering the

Invention of: Mohammad A. Kheiri

Entitled: ENDCAP FOR LANCING DEVICE AND METHOD OF USE

Docket No.: MSE #2666

Sir:

Transmitted herewith for filing is an application for U.S. Letters Patent above identified. This application includes the following:

- ☒ 11 Pages of specification, including claims and abstract
- ☒ 5 Sheets of drawing (in triplicate)
- ☐ An assignment of the invention to Bayer Healthcare LLC (and cover sheet)
- ☐ A certified copy of a _____ application
- ☒ Declaration, power of attorney and petition
- ☐ Information disclosure statement

CLAIMS AS FILED

Independent ClaimsTOTAL (A) 3

Dependent Claims

Dependent on one claim	<u>16</u> x 1	=	<u>16</u>
Dependent on two claims	<u> </u> x 2	=	<u> </u>
Dependent on three claims	<u> </u> x 3	=	<u> </u>
Dependent on four claims	<u> </u> x 4	=	<u> </u>
Dependent on five claims	<u> </u> x 5	=	<u> </u>
Dependent on <u> </u> claims	<u> </u> x <u> </u>	=	<u> </u>
Dependent on <u> </u> claims	<u> </u> x <u> </u>	=	<u> </u>
Dependent on <u> </u> claims	<u> </u> x <u> </u>	=	<u> </u>

TOTAL (B) 16

FEE CALCULATION

Total (A) = 3 - 3 = 0 x \$86.00 = \$ -0-

Total (A) + (B) = 19 - 20 = 0 x \$18.00 = \$ -0-

Basic fee = \$ 770.00

Fee for filing multiple dependent claims (\$290.00)= \$ -0-

Total filing fee = \$ 770.00

Assignment recordal fee = \$ -40.00

Check enclosed for the total amount calculated = \$ 770.00

The Commissioner is hereby authorized to treat any concurrent or future reply, requiring a petition for an extension of time under 37 CFR 1.136 for its timely submission, as incorporating, a petition for extension of time for the appropriate length of time and to charge all additional fees, including fees under 37 CFR 1.17, which may be required, or credit any overpayment to Account No. 13-3375. A duplicate copy of this sheet is enclosed.

February 3, 2004

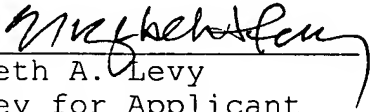
ATTENTION MAIL ROOM:

If for any reason this application is found to be incomplete, please advise by collect telephone call to Area Code (574) 264-8394.

Kindly acknowledge receipt of this application by returning the stamped, self-addressed post card enclosed herewith.

Respectfully submitted,

BAYER HEALTHCARE LLC


Elizabeth A. Levy
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574/264-8394

/jr
JR07904

Enclosures